

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

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|---|--|--------------------------|--|--|--|
| NAME OF COMMITTEE (In Full) Workers' Voice | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div> | | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | | | |
| Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 13 / 2014 | | |
| Mailing Address 100 Indiana Avenue, N.W. | | | Amount 1503.19 | | |
| City Washington State DC Zip Code 20001 | | Transaction ID : D550081 | | | |
| Purpose of Expenditure InKind Staff | | Category/Type 001 | | Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2014 | |
| Name of Federal Candidate MARK BEGICH | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: AK <input type="checkbox"/> President | | |
| Calendar Year-To-Date Per Election for Office Sought 186959.45 | | | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 13 / 2014 | | |
| Mailing Address 100 Indiana Avenue, N.W. | | | Amount 716.17 | | |
| City Washington State DC Zip Code 20001 | | Transaction ID : D550083 | | | |
| Purpose of Expenditure InKind Staff | | Category/Type 001 | | Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2014 | |
| Name of Federal Candidate MARK E UDALL | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: CO <input type="checkbox"/> President | | |
| Calendar Year-To-Date Per Election for Office Sought 37345.10 | | | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | | 2219.36 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| (c) TOTAL Independent Expenditures..... | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Elizabeth H Shuler</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date MM / DD / YYYY 10 / 15 / 2014 | | |